



**Rainier School District**  
**REA (Licensed Staff)**  
 Benefit Election 2018-2019



NAME: \_\_\_\_\_

**Monthly Premium**

	Employee Only	Employee & Spouse	Employee & Children	Family	Your Choice
<b>Medical Plans (choose one):</b>					
Kaiser Plan 1	\$ 631.47	\$ 1,389.24	\$ 1,199.80	\$ 1,957.55	\$
Kaiser Plan 2	\$ 521.91	\$ 1,148.92	\$ 991.58	\$ 1,618.69	\$
Kaiser Plan 3 (HSA)	\$ 381.58	\$ 839.96	\$ 724.68	\$ 1,183.10	\$
Moda Birch, PPO Connexus	\$ 640.46	\$ 1,408.99	\$ 1,216.88	\$ 1,985.44	\$
Moda Birch, Synergy	\$ 576.41	\$ 1,268.09	\$ 1,095.16	\$ 1,786.88	\$
Moda Cedar, PPO Connexus	\$ 593.50	\$ 1,305.68	\$ 1,127.65	\$ 1,839.87	\$
Moda Cedar, Synergy	\$ 534.14	\$ 1,175.13	\$ 1,014.90	\$ 1,655.92	\$
Moda Evergreen, PPO Connexus (HSA)	\$ 494.02	\$ 1,086.84	\$ 938.65	\$ 1,531.46	\$
Moda Evergreen, Synergy (HSA)	\$ 444.62	\$ 978.14	\$ 844.77	\$ 1,378.31	\$

**Dental Plans (choose one):**

Kaiser Dental, Ortho	\$ 70.45	\$ 155.02	\$ 133.88	\$ 218.42	\$
Delta Dental Plan 1, Ortho	\$ 66.09	\$ 130.91	\$ 145.58	\$ 215.59	\$
Willamette Dental, Ortho	\$ 45.53	\$ 90.21	\$ 95.98	\$ 144.20	\$

*Please note: You must have Kaiser Medical coverage in order to choose Kaiser Vision.*

**Vision Plans (choose one):**

Kaiser Vision	\$ 8.15	\$ 17.95	\$ 15.50	\$ 25.29	\$
Moda Quartz	\$ 13.29	\$ 29.28	\$ 25.26	\$ 41.22	\$
VSP Choice Plus	\$ 18.80	\$ 41.37	\$ 35.73	\$ 58.29	\$
VSP Choice	\$ 9.15	\$ 20.12	\$ 17.37	\$ 28.34	\$

Total Monthly Premium (add your choices)

A

**Opt-Out**

Monthly District Contribution

\$ 280.00	\$ 796.00	\$ 1,358.00	\$ 1,358.00	\$ 1,790.00
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B

If A is larger than B enter difference here on C. This amount will be a pre-tax employee payroll deduction.

C

If B is larger than A enter difference here on D. This amount is available for other optional coverage.

D

Other Coverages:

**Basic Life:** Standard Insurance plan 11 (\$100,000)

**LTD:** Standard Insurance Long-Term Disability plan 18

American Fidelity: \_\_\_\_\_

American Fidelity: \_\_\_\_\_

American Fidelity: \_\_\_\_\_

Employer Fringe (if available from line D)	Pre-tax Employee Payroll Deduction	After-Tax Employee Payroll Deduction
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\$ 13.97 \*

\$ 19.29 \*


**TOTAL**

E

**Taxable Fringe Benefit** (subtract E from D)

TS/403(b) Contribution: Investment Co: \_\_\_\_\_

OnPoint Community Credit Union . . . . .

Booster Club . . . . .

United Way . . . . .

Union Dues will be deducted per OEA billing.


\* These numbers are estimates as final numbers are not yet available.

I authorize the Rainier School District to make the appropriate payroll deductions as indicated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Rainier School District**  
Section 125 Cafeteria Plan Election  
Salary Reduction Agreement

I hereby authorize the above payroll reductions as my contribution to my employer's Section 125 Cafeteria Plan.

I understand that:

1. Changes in the cafeteria plan elections can only be made at the end of the plan year unless due to and consistent with a valid status change (e.g. change in legal marital status; change in number of dependents; change in employment status; dependent satisfies or ceases to satisfy dependent eligibility requirements; residence change, cost or coverage changes) and such other events as would permit a revocation or change of election under IRC 125 regulations. Participation in this plan will automatically cease upon termination of employment. In most cases NO change may be made in the Medical Expense Reimbursement Account except for termination of employment. For special rules affecting your plan, please contact your employer. Social security taxes are not paid on Section 125 salary reduction. Therefore, your social security benefits at retirement may be reduced. Unused funds remaining in the Medical Expense Reimbursement Accounts at the end of the current plan year will be forfeited.
2. Execution of this benefit election/salary reduction agreement does not automatically institute insurance coverage; in most instances an application for insurance must be completed. Premiums charged for insurance coverage may be adjusted by the carrier issuing the contract and my "take-home" pay may be higher or lower depending on the selections made.

This authorization replaces any previous authorization I have made.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date